

SECRET
(When filled in)

INSTRUCTIONS: This form will be used when requesting a search of RI indices, and/or withdrawal of listed documents from RI files. Separate forms will be used for each name submitted. No additional routing sheet is required.

NAME CHECK AND/OR DOCUMENT REQUEST SERVICE				DATE <i>2 Sept 54</i>	
FROM: <i>T</i>		DIVISION <i>SR</i>		ROOM NO. <i>26098</i>	TELEPHONE <i>3582</i>
	ROOM NO.	RECEIVED <input checked="" type="checkbox"/>	FORWARDED	INITIALS	ACTION DESIRED (Check one)
RI SERVICE SECTION	1001 L				<input type="checkbox"/> LIST REFERENCE AND RETURN THIS FORM TO REQUESTER.
					<input type="checkbox"/> LIST REFERENCES AND SEND DOCUMENTS TO REQUESTER.
RI FILES SECTION	1400 L				<input checked="" type="checkbox"/> SEND LISTED DOCUMENTS TO REQUESTER.
					<input type="checkbox"/> LIST STATION SYMBOL NUMBER OF REFERENCES AND RETURN THIS FORM.
					<input type="checkbox"/> SEND RI ARCHIVES DOCUMENTS TO REQUESTER.
					<input type="checkbox"/> TELEPHONE REPLY.

PERSONAL DATA			
NAME (Last) (Type or print) <i>Stankewics</i>	(First) <i>Arturs</i>	(Middle)	TITLE
ALIASES AND SPELLING VARIATIONS			
DATE OF BIRTH <i>1921</i>	OTHER IDENTIFYING DATA <i>Latvia (Riga)</i>		<input checked="" type="checkbox"/> NOT IDENTIFIABLE

REFERENCES		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> <p style="font-size: 2em;">RI requested to flag this name</p> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> <p style="font-size: 2em;">8 Nov 54</p> </div>

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NAZI WAR CRIMES DISCLOSURE ACT
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